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PETITIO	N FOR EXTENSION OF TIME UNDER	Docket Number (Optional)		
FY 2009			4052-003	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/591,048			Filed March 28, 2007	
For PHARMACEUTICAL COMPOSITION				
Art Unit 1635			Examiner Wollenberger, L.V.	
	equest under the provisions of 37 CFR 1.136	6(a) to extend the period	od for filing a reply in th	ne above identified
applicatio	n. ested extension and fee are as follows (check	k time period desired a	nd enter the appropria	ite fee below):
	,	<u>Fee</u>	Small Entity Fee	
	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$
	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$
	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
v	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$_1175.00
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.				
☑ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 14-1437				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the pplicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record. Registration Number				
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 52,088				
	(h Dossilvar		July 13, 2009	
Signature Date				
Amy A. Dobbelaere			561-838-5229	
Typed or printed name			Telephone Number	
NOTE: Signa signature is r	tures of all the inventors or assignees of record of the entequired, see below.	tire interest or their represent	ative(s) are required. Submit	multiple forms if more than one
_		e submitted		

IOITIS and SUBJECT IN CONTROL OF THE FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

forms are submitted.